



Meeting Purpose: Quarterly Open Board Meeting
Meeting opened at 6:04 P.M. by Chair, Patrick Reilly.

Agenda Items:

- I. Welcome and Introductory Remarks
- II. Colcrys (colchicine) Proposal
- III. Hepatitis C QA
- IV. MassHealth Drug List Update
- V. DUR Operational Update
- VI. MassHealth Update Dr. Paul Jeffrey

Agenda Item	Discussion	Conclusions/Follow Up
Welcome and introductory remarks:	Chair, Patrick Reilly welcomed board members and guests. The December minutes had been approved at the February 9 th meeting.	N/A:
Agenda Item	Discussion	Conclusions/Follow Up
Colcrys Proposal:	Objectives of this presentation were highlighted and included a background review and assessment of current utilization, a review of the current treatment guideline for the associated disease state, and a discussion of recommendations based on the results of the analysis. Indications and dosing, treatment guidelines, cost and overall utilization from August 1, 2010-January 31, 2011, claims, unique utilizers and total amount paid were presented.	
Action	The following recommendations were made: Colcrys will require PA with the following criteria for Familial Mediterranean Fever (FMF): documentation of diagnosis and quantity limits (QL) of up to four tablets/day per year. Acute gout attacks: inadequate response, adverse reaction or contraindication to one NSAID, one corticosteroid and QL for limit of	

	<p>four gout attacks.</p> <p>Prophylaxis of gout attacks: documentation that Uric Acid lowering treatment will be initiated, QL of two tablets/day for a total treatment duration of six months and 12 additional tablets for breakthrough gout attacks during therapy (total of 372 tablets).</p> <p>POS look back rules will be implemented for all three criteria.</p> <p>FMF-Presence of FMF ICD-9 code will allow the agent to pay at the pharmacy.</p> <p>Acute gout attacks: claims history</p> <p>Prophylaxis of gout attacks: claims history</p> <p>The length of claims history was discussed and the consensus was 14 days.</p> <p>It was noted that the increase in costs over the past year could be over a \$1M.</p>	
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Hepatitis C	<p>Objectives of this presentation included background information for current standard of care, a review of utilization and PA decisions, the introduction of the Provider Outreach Pilot Program and a discussion of the role of erythropoiesis-stimulating agents in the treatment of hepatitis C associated anemia.</p> <p>Utilization data from May 17, 2010, to November 16, 2010, was given. PAs, approval numbers and denials were highlighted. An overview of denied pharmacy claims was presented. Ribavirin PA status and criteria was given. Standard Interferon utilization data from May 17, 2010, to November 16, 2010, and recommendations were given. Erythropoiesis-stimulating agents, Canadian Consensus Conference, Clinical Trials, cost effectiveness, and the POS Rule were all given.</p>	<p><u>Follow Up</u> As the program progresses, updates will be presented.</p>
Action	<p>Recommendations regarding Pegylated Interferon and Pegasys were:</p> <ul style="list-style-type: none"> • Guideline updates • Genotype requirements for initial therapy • Defer additional management recommendations pending outcomes from the prescriber outreach pilot <p>There were no recommendations to change the manner in which ribavirin is managed by MassHealth.</p> <p>The Canadian Consensus Conference reported that dose reduction of ribavirin should be avoided, if possible, in the following patients:</p> <ul style="list-style-type: none"> - HIV positive - Those who have received a liver transplant - Individuals with cirrhosis - Advanced age combined with stage 3 fibrosis <p>Recommendations regarding Infergen and Intron A where to change the PA status for Infergen, require a diagnosis of hepatitis C and a previous train with Pegylated interferon, and approval durations are granted for 48 weeks.</p> <p>There were no recommendations to change the manner in which MassHealth manages the use of erythropoiesis-stimulating agents for members with hepatitis C.</p> <p>A lengthy discussion took place. Knowing what happened with members who complete would be beneficial. Compliance seems to be around 80% although a small group of utilizers were looked at.</p>	<p>Conclusion:</p> <ul style="list-style-type: none"> • Guidelines for interferon will be updated. • Twenty-four week initial approval for all requests • Change in PA status of Infergen • Update designated PA form • Provide consultant training

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MassHealth Drug List Update	There were 23 new additions to the drug list effective May 2, 2011.	Informational
Action	<p>MassHealth drug list changes in PA status effective May 2, 2011 are: Protonix # (pantoprazole 20mg) – PA > 30 units/month Protonix # (pantoprazole 40mg) – PA> 60 units/month Requiring PA when QL limits are exceeded</p> <p>The following drug has been added to the MassHealth OTC Drug List as covered for members equal or under 18 years of age: Melatonin/pyridoxine</p> <p>MassHealth drug list changes in PA status effective May 16, 2011, were noted.</p> <p>Denavir-PA> 1 tube/month Infergen – PA Restasis-PA</p> <p>The following therapeutic class table will be expanded: Table 29 -Ophthalmic Anti-allergy and Anti-inflammatory Agents The following PA request form will be added to the MHDL: - Anti-gout agents</p>	<p>Conclusion: Changes in the MassHealth Drug List will continue to be provided as needed.</p>

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MassHealth Drug Utilization Review Operational Overview	Quarterly DUR Operations Update	<u>Informational</u>
Action	<p>Between January and December 2010 the number of Prior Authorization requests in 2010 peaked in March with a total of 7,563.</p> <p>DUR call volume also peaked in March 2010 with 9,077.</p> <p>DUR call statistics from 2010 were provided and it was noted that the average percentage of abandoned calls was approximately 1. 5%.</p> <p>The average treatment time, which includes conversion and wrap up time, was 4:10 minutes.</p> <p>The number of appeals in 2010 peaked in April with 23.</p> <p>Provider outreach incidents peaked in June 2010 with 624.</p>	<p>Conclusion:</p> <p>Operational updates will continue to be provided as needed.</p>

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MassHealth Update	<p>The FY12 budget planning is working through the process and will be based on the FY11 spending trend. At this date it has still not been approved.</p> <p>The governor's budget for FY12 is approximately 33 billion dollars with \$10.1 billion going to Mass Health. The approximate pharmacy FY12 will be \$530 million. During FY12 the state will be expected to pay the Federal government approximately \$229 million dollars. An expected 4.5 million increase in membership this coming fiscal year will present additional challenges.</p> <p>There have been some major shifts taking place regarding accountable health care organizations. We are trying to move from an institution-based medical environment to a community-based medical environment (i.e. medical homes) where payments follow the patient.</p> <p>There are many state wide initiatives being developed for diseases such as pediatric asthma.</p>	<u>Informational</u>

	<p>The State Secretary is in charge of efforts to continue the reorganization of services for children and the Department of Mental Health. It was noted that developing the information system to track and manage all of these changes will be a huge project.</p> <p>Work continues on POPS III, the next generation Pharmacy Online Processing System.</p> <p>Dr. Jeffrey described some of the challenges regarding implementation of E-prescribing. E-prescriptions are being sent to pharmacies by prescribers but not being picked up by members. Currently Brigham and Women's outpatient hospital is investigating this serious problem. As we continue to find a resolution to this problem, we ask DUR to make more outreach phone calls.</p> <p>MassHealth is receiving more clarification about federally mandated rebates. Manufacturers have been paying MassHealth invoices. This will impact the FY12 budget. However, federal government has determined that certain drugs are non-rebateable.</p> <p>The MassHealth co-pay structure will have to be modified by July1, 2011. There is a proposal in the FY12 budget which is intended to change the copay for beneficiaries based on their income measured against Federal Poverty Limits. The governor's budget has cap on a maximum of \$5 copay which would affect 20% of the state claims: approximately 2 million claims.</p>	
Action	N/A	Conclusion:

Meeting adjourned at 8:00 P.M.

Respectfully submitted by: Vincent Palumbo, R.Ph.
DUR Program Director

Date: _____